County of BUREAU OF	NA STATE BOARD OF HEALTH VITAL STATISTICS 127 State Index No. 866 TIFICATE OF BIRTH Co. Register No. 257
Town of -Q 1-0	Local Registrar's No.
City of (No.	Ward)
FULL NAME OF CHILD award Supplemental Report on blank obtainable from local registrar.   Born   YES   If child is not named, make Supplemental Report on blank obtainable from local registrar.   Alive   Not	
Sex of Twin, Triplet and in order and of birth	Er Legitus Birth June 1916
Full FATHER Name	Full MOTHER Maiden Name Waldad & Lallanden
Residence 3 q West Not	Residence James
Color or Race Age at last 3 ( Birthday (Years)	Color or Race Age at last 9   Birthday (Years)
Birthplace Chatan Dras on	Birthplace Que la
Occupation Warning	Occupation Lauseung
Number of child of this mother	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of the above child; and that it occurred on white 1916 at 30M.	
*When there is no attending physical cian or midwife, then the householder should make this return.	Signature) (Attending physician, midwife, householder.*)
Given or Christian name added from a	Address
supplemental report191 Filed	Q 191 (c. (39) Dray
837-902-485 Filed Oct	A True Copy C LOCAL REGISTRAR.  COUNTY REGISTRAR.